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<b>To:</b>	Examiner Meredith C. Petrvick	<b>From:</b>	Brant T. Maurer, Esq.
<b>Co:</b>	United States Patent and Trademark Office	<b>Date:</b>	January 26, 2005
<b>Fax #:</b>	703-872-9306	<b>#Pages:</b>	12 (including cover page)
<b>Re:</b>	Response to October 1, 2004 Office Action U.S. Patent Application No. 10/623,727	<b>Atty. Docket</b>	17236
<b>No.</b>			

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**Urgent**    **For Review**    **Please Comment**    **Please Reply**    **Please Recycle**

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- Transmittal
- Fee Transmittal
- Petition for Extension of Time
- Amendment

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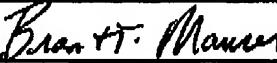
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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/623,727
		Filing Date	July 21, 2003
		First Named Inventor	Andrew Sahr
		Art Unit	3671
		Examiner Name	Meredith C. Petravick
Total Number of Pages in This Submission		17236	
Attorney Docket Number			

ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)	
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences	
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)	
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Proprietary Information	
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter	
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<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund		
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____		
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<input type="checkbox"/> Response to Missing Parts/ Incomplete Application			
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	CNH America LLC Brant T. Maurer
Signature	
Date	January 26, 2005

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the	
Typed or printed name	Brant T. Maurer
Signature	
Date	January 26, 2005

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Effective on 12/08/2004.  
 Fees pursuant to the Consolidated Appropriations Act, 2006 (H.R. 4818).

## FEE TRANSMITTAL for FY 2005

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$)  
\$120.00

### Complete if Known

Application Number	10/623,727
Filing Date	July 21, 2003
First Named Inventor	Andrew Sahr
Examiner Name	Meredith C. Petrvick
Art Unit	367

Attorney Docket No. 17236

### METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Deposit Account Number: 03-1025 Deposit Account Name: CNH America LLC

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### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fee Paid (\$)
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

#### 2. EXCESS CLAIM FEES

##### Fee Description

Each claim over 20 (including Reissues)

Fee (\$)	Small Entity
50	25
200	100
360	180

Each independent claim over 3 (including Reissues)

##### Multiple Dependent Claims

Multiple dependent claims

##### Fee (\$)

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Fee (\$)	Fee Paid (\$)
	- 20 or HP =	x \$50.00	= \$0.00		
	HP = highest number of total claims paid for, if greater than 20.				

Indep. Claims Extra Claims Fee (\$)

- 3 or HP = x \$200.00 = \$0.00

HP = highest number of independent claims paid for, if greater than 3.

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listing under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50	(round up to a whole)	x \$250.00 =	\$0.00

#### 4. OTHER FEE(S)

Non-English specification, \$130 fee (no small entity discount)

Other (e.g. late filing surcharge): Petition for One-Month Extension of Time

\$120.00

### SUBMITTED BY

Signature	Brant T. Maurer	Registration No. (Attorney/Agent)	53,285	Telephone	202-636-5368
Name (Print/Type)	Brant T. Maurer		Date	January 26, 2005	

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